

LO100000002 133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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01/13/10--01007--025 **25.00

10 JAN 11 PM 2:44

SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. Tadlock JAN 15 2010

Department of State
Division of Corporate Filings
Attn: Registration for LLC
PO Box 6327
Tallahassee, FL 32314

December 22, 2009

Re: Stormtroopers Home Improvement, L.L.C.

(Reference Document Number - L06000002133)

(FEI / EIN Number - 204053668)

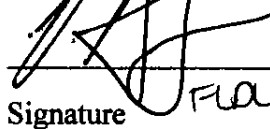
To Whom It May Concern:

With regards to the above referenced LLC created on January 6, 2006 (see attached Articles):

AFFIDAVIT

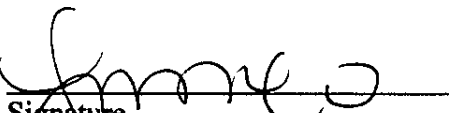
My name is Leslie Paul Hendriks Junior, the only registered agent and manager of this LLC. My date of birth is December 29, 1970 and I reside at 3111 SE Canby Rd, Port St. Lucie, FL 34952. I have not authorized anyone else to be added to this LLC as any type of manager, agent or representative. It seems that Mary Jo Hendriks has been added to this LLC without my permission. Please make efforts to have Mary Jo Hendriks removed as MGRM for this LLC, as I have never given anyone permission to be added to this LLC in any capacity. The only person authorized as registered agent / managing member should be myself, Leslie Paul Hendriks Junior. Thanks you for your prompt attention in this matter.

Leslie Paul Hendriks Junior, being first duly sworn on oath according to law, deposes and says that he has read the above AFFIDAVIT, that the matters stated herein are true to the best of his information, knowledge and belief.


Signature FLA #53635704690

Leslie Paul Hendriks Junior

SUBSCRIBED AND SWORN to before me
this 23rd day of December, 2009.


Signature
Notary Public or Commissioner of Oaths

My commission expires 9/21/2012





FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2009

STORMTROOPERS HOME IMPROVEMENT L.L.C
ATTN: LESLIE PAUL HENDRIKS, JR.
2919 SE CATES CIR.
PORT ST LUCIE, FL 34952 US

SUBJECT: STORMTROOPERS HOME IMPROVEMENT L.L.C
Ref. Number: L06000002133

We have received your document for STORMTROOPERS HOME IMPROVEMENT L.L.C. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 809A00039338

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STORMTROOPERS HOME IMPROVEMENT L.L.C
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

L. PAUL HENDRICKS JR
Name of Person

STORMTROOPERS HOME IMPROVEMENT
Firm/Company

2919 S.E. CATES CIRCLE
Address

PORT ST LUCIE FL 34952
City/State and Zip Code

STORMTROOPERS2016@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL HENDRICKS at (772) 260-8444
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

STORMTROOPERS HOME IMPROVEMENT L.L.C.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

10 JAN 11 PM 2:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on JAN / 06 / 06 and assigned
Florida document number L060000062133.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2919 S.E. CATES CIRCLE
PORT ST LUCIE FL
34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2919 S.E. CATES CIRCLE
PORT ST LUCIE FL
34952

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

L. PAUL HENDRIKS JR

New Registered Office Address:

2919 S.E. CATES CIRCLE

Enter Florida street address

PORT ST LUCIE

Florida

34952

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

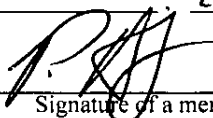
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESIDENT	L. PAUL HENDRIKS JR	2919 S.E. GATE CIRCLE PORT ST LUCIE FL 34952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARY JO HENDRIKS	3111 CANBY Rd PORT ST LUCIE 34952	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JAN 7, 2010



Signature of a member or authorized representative of a member

L. PAUL HENDRIKS JR

Typed or printed name of signee